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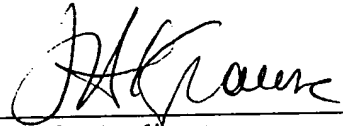
2004 MAR 16 PM 2:14

Applicant's attorneys received a Monthly Statement of Deposit Account, dated January 2004, (copy attached) indicating that Deposit Account No. 06-1205 was charged \$770.00. It is respectfully submitted that this charge is not warranted.

Accordingly, Applicant hereby requests a refund and authorizes the Commissioner to credit Deposit Account No. 06-1205 in the amount of \$770.00 to resolve this matter.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our below listed address.

Respectfully submitted,



Attorney for Applicant

Registration No.

24607

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 414143v1

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MAN STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date 01 / 20 / 04
Mo. Day Yr.

Atty. Docket 00684.003256
App. No. 09196,284

Sir: Kindly acknowledge receipt of the accompanying:
_____ pages, with Transmittal Form

☐ Specifications, claims and abstract _____ sheets

☐ Patent Application Bibliographic Data Sheet _____

☐ Executed Oath or Declaration and Power of Attorney

☐ _____ Sheets of _____ formal _____ informal drawings

☐ Check for \$ _____ (filing fee)

☒ Request for Continued Examination and Check for \$ 770.00

☐ Assignment, PTO-1595 and Check for \$ _____

☐ Transmittal Under 37 CFR 1.53(d) (CPA)

☐ Petition under 37 CFR 1.136 and check for \$ _____

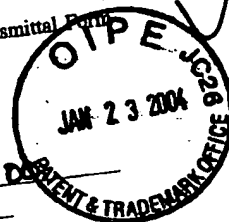
☒ Other (specify) **PRELIMINARY AMENDMENT**

by placing your receiving date stamp hereon and mailing or returning to deliverer.

This is a ☐ Continuation ☐ Divisional ☐ Continuation-In-Part

Atty. **JAK/PET** Due Date 01 / 18 / 04
Mo. Day Yr.

(Sunday) (Monday - Holiday)



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Patent and
Trademark Office**

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Deposit Account Statement

Requested Statement Month: January 2004
Deposit Account Number: 061205
Name: FITZPATRICK CELLA HARPER & SCINTO
Attention:
Address: 30 ROCKEFELLER PLAZA
City: NEW YORK
State: NY
Zip: 10112-3801

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
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Deposit Account Statement

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Deposit Account Statement

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0770.00

\$26,402.00

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